



DEC. 23. 2005 5:43PM

IDT FINANCE/4086546742

NO. 9074 P. 1



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FAX COVER SHEET

TO: **ISSUE FEE PAYMENT**
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Date: 23 Dec. 2005

Sheets: Cover + 5

RE: Issue Fee Payment; Appl. S/N 09/888,321 (Atty Docket IDT-1624) IDT ref: 1624
filed 6/21/2001, Hussain, Agha

Message:

Please find attached:

- 1. Part B-Issue Fee Transmittal + Duplicate**
- 2. Change of Correspondence**
- 3. "Fee Address" Indication Form**
- 4. Transmittal Form**

Thank you.

Christopher Novak
Intellectual Property Counsel

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NO. 9074 P. 6

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0851-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/888,321
	Filing Date	06/21/2001
	First Named Inventor	HUSSAIN, AGHA B.
	Art Unit	2182
	Examiner Name	SORRELL, ERON J.
Total Number of Pages in This Submission	Attorney Docket Number	IDT-1624

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	CHRISTOPHER NOVAK, REG. NO. 42,041
Signature	<i>Christopher Novak</i>
Date	23 Dec 2005

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Chris Novak
Signature	<i>Chris Novak</i>
Date	23 Dec 2005

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